

House Resolution 15

By: Representatives Channell of the 116th, Parrish of the 156th, Royal of the 171st, Stephens of the 164th, and Sheldon of the 105th

A RESOLUTION

- 1 Creating the Joint Study Committee on State Stroke System of Care; and for other purposes.
- 2 WHEREAS, approximately 700,000 Americans have a new or recurrent stroke each year, and
3 stroke remains the third leading cause of death in the United States when considered
4 independently from other cardiovascular diseases; and
- 5 WHEREAS, stroke continues to be a significant cause of morbidity and mortality in the United
6 States; and
- 7 WHEREAS, stroke also remains a leading cause of serious, long-term disability in the United
8 States, and major advances have been made during the past several decades in stroke
9 prevention, treatment, and rehabilitation; and
- 10 WHEREAS, on average, someone dies of a stroke every three minutes; and
- 11 WHEREAS, stroke leads to the death of more than 4,200 citizens of the State of Georgia each
12 year; and
- 13 WHEREAS, the majority of Americans are not aware of their stroke risk factors, nor are they
14 aware of the signs and symptoms of an impending stroke; and
- 15 WHEREAS, despite successes in delivering effective new therapies, significant obstacles
16 remain in ensuring that scientific advances are consistently translated into clinical practice;
17 and
- 18 WHEREAS, in many instances, these obstacles are related to a fragmentation of stroke related
19 care caused by an inadequate integration system between the various facilities, agencies, and
20 professionals that should closely collaborate in providing stroke care; and

1 WHEREAS, there is increased emphasis on improving the components of stroke care,
2 including recommendations from the Brain Attack Coalition for primary stroke centers and
3 a formal process provided through the Joint Commission on Accreditation of Healthcare
4 Organizations (JCAHO) for the certification of primary stroke centers; and

5 WHEREAS, it is critically important to look carefully at how the distinct components can be
6 better integrated into systems of stroke care; and

7 WHEREAS, the fragmented approach to stroke care that exists in most regions of the United
8 States fails to provide an effective integrated system for stroke prevention, treatment, and
9 rehabilitation because of inadequate linkages and coordination among the fundamental
10 components of stroke care; and

11 WHEREAS, although individual components of a system of stroke care may be well developed,
12 these components often operate in isolation; and

13 WHEREAS, the problem of access to coordinated stroke care may be exacerbated in rural or
14 other areas where there is inadequate access to neurological expertise; and

15 WHEREAS, a system of stroke care should coordinate and promote patient access to the full
16 range of activities and services associated with stroke prevention, treatment, and rehabilitation,
17 including the following key components: primordial and primary prevention, community
18 education, notification and response of emergency medical services, acute stroke treatment,
19 including the hyperacute and emergency department phases, subacute stroke treatment and
20 secondary prevention, rehabilitation, and continuous quality improvement (CQI) activities.

21 NOW, THEREFORE, BE IT RESOLVED BY THE GENERAL ASSEMBLY OF GEORGIA that
22 there is created the Joint Study Committee on State Stroke System of Care to be composed
23 of five members of the House of Representatives to be appointed by the Speaker of the House
24 of Representatives and five members of the Senate to be appointed by the Lieutenant Governor.
25 The Speaker of the House of Representatives shall designate a member of the House and the
26 Lieutenant Governor shall designate a member of the Senate who shall serve as cochairpersons
27 of the committee. The committee shall meet at the call of the cochairpersons in conjunction
28 with the Georgia American Stroke Association, a division of the American Heart Association.

29 BE IT FURTHER RESOLVED that the committee shall undertake a study of the system of
30 stroke care in Georgia in regards to primary prevention, notification/response of EMS, acute

1 treatment of stroke, subacute treatment of stroke, rehabilitation of stroke patients, and the
2 disparities in recognition of, as well as treatment in, minority communities. The committee
3 shall hear from experts and key leaders from these areas and recommend any actions or
4 legislation which the committee deems necessary or appropriate. The committee may conduct
5 such meetings at such places and at such times as it may deem necessary or convenient to
6 enable it to exercise fully and effectively its powers, perform its duties, and accomplish the
7 objectives and purposes of this resolution. The members of the committee shall receive the
8 allowances authorized for legislative members of interim legislative committees but shall
9 receive the same for not more than five days unless additional days are authorized. The funds
10 necessary to carry out the provisions of this resolution shall come from the funds appropriated
11 to the House of Representatives and Senate. In the event the committee makes a report of its
12 findings and recommendations with suggestions for proposed legislation, if any, such report
13 shall be made on or before December 31, 2007. The committee shall stand abolished on
14 December 31, 2007.